

<i>SERFF Tracking Number:</i>	<i>MDPC-125835696</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Medical Protective Company</i>	<i>State Tracking Number:</i>	<i>EFT #100</i>
<i>Company Tracking Number:</i>	<i>08-BOTOX-02</i>		
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0000 Med Mal Sub-TOI Combinations</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dentists</i>		
<i>Project Name/Number:</i>	<i>DDS Botox Rule Filing/08-Botox-02</i>		

Filing at a Glance

Company: The Medical Protective Company

Product Name: Dentists

TOI: 11.0 Medical Malpractice - Claims

Made/Occurrence

Sub-TOI: 11.0000 Med Mal Sub-TOI

Combinations

Filing Type: Rule

SERFF Tr Num: MDPC-125835696 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT #100

Co Tr Num: 08-BOTOX-02

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Melissa Coker

Disposition Date: 10/29/2008

Date Submitted: 10/02/2008

Disposition Status: Filed

Effective Date Requested (New): 01/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

Not rate filing, no rate change. Rule filing only.

General Information

Project Name: DDS Botox Rule Filing

Project Number: 08-Botox-02

Status of Filing in Domicile: Pending

Domicile Status Comments: Currently pending in the state of IN.

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The reason for the filing is to revise and introduce new rating rules specific to our Dental Program which have no substantive rate impact.

<i>SERFF Tracking Number:</i>	<i>MDPC-125835696</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-BOTOX-02</i>		
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	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dentists</i>		
<i>Project Name/Number:</i>	<i>DDS Botox Rule Filing/08-Botox-02</i>		

- * The Aggregate Credit rule is being revised to state that the Moonlighting Rating Rule and New to Company rating rule do not apply to the aggregate capping.
- * Botulinum Toxin and Dermal Fillers Rating Rule is being introduced to contemplate the change in risk exposure of dentists which perform botox procedures.
- * The Dental Board Exam Rule is being revised to remove the \$25 charge for the coverage.
- * The Dental Facility Classification Rule is being introduced to provide a rating mechanism for insureds which practice in non-standard dental facilities.
- * Membership Association Rating Rule is being revised to increase the credit from 5% to 25%.
- * New to Company Credit is being revised (in some states) and introduced in some states to contemplate the reduced expenses of the business writing a new insured.
- * Moonlighting Credit is being added to provide a credit to those insureds which are working part - time while in their residency or fellowship program.

Company and Contact

Filing Contact Information

Melissa Coker, Paralegal	melissa.coker@medpro.com
5814 Reed Road	(260) 486-0838 [Phone]
Fort Wayne, IN 46835	(260) 486-0733[FAX]

Filing Company Information

The Medical Protective Company	CoCode: 11843	State of Domicile: Indiana
5814 Reed Road	Group Code:	Company Type:
Fort Wayne, IN 46835	Group Name:	State ID Number:
(260) 486-0838 ext. [Phone]	FEIN Number: 35-0506406	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	100.00 rule filings
Per Company:	No

SERFF Tracking Number: MDPC-125835696 *State:* Arkansas
Filing Company: The Medical Protective Company *State Tracking Number:* EFT #100
Company Tracking Number: 08-BOTOX-02
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence
Product Name: Dentists
Project Name/Number: DDS Botox Rule Filing/08-Botox-02

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Medical Protective Company	\$100.00	10/02/2008	22880338

SERFF Tracking Number: MDPC-125835696

State: Arkansas

Filing Company: The Medical Protective Company

State Tracking Number: EFT #100

Company Tracking Number: 08-BOTOX-02

*TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence*

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Product Name: Dentists

Project Name/Number: DDS Botox Rule Filing/08-Botox-02

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	10/29/2008	10/29/2008

SERFF Tracking Number: MDPC-125835696

State: Arkansas

Filing Company: The Medical Protective Company

State Tracking Number: EFT #100

Company Tracking Number: 08-BOTOX-02

*TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence*

Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations

Product Name: Dentists

Project Name/Number: DDS Botox Rule Filing/08-Botox-02

Disposition

Disposition Date: 10/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MDPC-125835696 State: Arkansas

Filing Company: The Medical Protective Company State Tracking Number: EFT #100

Company Tracking Number: 08-BOTOX-02

TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Made/Occurrence

Product Name: Dentists

Project Name/Number: DDS Botox Rule Filing/08-Botox-02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Forms (all P&C lines)	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Rate	Dentists SCM Aggregate Credit Rule	Filed	Yes
Rate	Dentists OCC Aggregate Credit Rule	Filed	Yes
Rate	Dentists OCC Botulinum Toxin and Dermal Fillers Rating Rule	Filed	Yes
Rate	Dentists SCM Botulinum Toxin and Dermal Fillers Rating Rule	Filed	Yes
Rate	Dentists OCC Dental Board Examination Rule	Filed	Yes
Rate	Dentists Occurrence Dental Facility Classification Plan	Filed	Yes
Rate	Dentists SCM Dental Facility Classificaiton Plan	Filed	Yes
Rate	Dentists SCM Membership Association Credit Rule	Filed	Yes
Rate	Dentists Occurrence Membership Association Credit Rule	Filed	Yes
Rate	Dentists SCM Moonlighting Rating Rule	Filed	Yes
Rate	Dentists Occurrence Moonlighting Rating Rule	Filed	Yes

SERFF Tracking Number: MDPC-125835696

State: Arkansas

Filing Company: The Medical Protective Company

State Tracking Number: EFT #100

Company Tracking Number: 08-BOTOX-02

TOI: 11.0 Medical Malpractice - Claims
Made/Occurrence

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Product Name: Dentists

Project Name/Number: DDS Botox Rule Filing/08-Botox-02

Rate Information

Rate data does NOT apply to filing.

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<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>11.0000 Med Mal Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Dentists</i>		
<i>Project Name/Number:</i>	<i>DDS Botox Rule Filing/08-Botox-02</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Dentists SCM Aggregate Credit Rule	ACR-CW; 03/01/05 edt	New	dds scm aggregate credit rule.pdf
Filed	Dentists OCC Aggregate Credit Rule	ACR-CW; 03/01/08 edt	New	dds occ aggregate credit rule.pdf
Filed	Dentists OCC Botulinum Toxin and Dermal Fillers Rating Rule	BRR-CW: 07/01/08 edt	New	dds occ botulinum toxin and dermal fillers rating rule.pdf
Filed	Dentists SCM Botulinum Toxin and Dermal Fillers Rating Rule	BRR-CW; 07/01/08 edt	New	dds scm botulinum toxin and dermal fillers rating rule.pdf
Filed	Dentists OCC Dental Board Examination Rule	DBE-CW; 01/01/08 edt	Replacement	dds occ dental board examination rule.pdf
Filed	Dentists Occurrence Dental Facility Classification Plan	FSD-CW; 01/01/08 edt	New	dds occ dental facility classification plan.pdf
Filed	Dentists SCM Dental Facility Classificaiton Plan	FSD-CW; 01/01/08 edt	New	dds scm dental facility classification plan.pdf

<i>SERFF Tracking Number:</i>	<i>MDPC-125835696</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-BOTOX-02</i>		
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>11.0000 Med Mal Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Dentists</i>		
<i>Project Name/Number:</i>	<i>DDS Botox Rule Filing/08-Botox-02</i>		

Filed	Dentists SCM Membership Association Credit Rule	MAC-CW; 07/01/08 edt	Replacement	dds scm membership assoc credit rule.pdf
Filed	Dentists Occurrence Membership Association Credit Rule	MAC-CW; 07/01/08 edt	Replacement	dds occ membership assoc credit rule.pdf
Filed	Dentists SCM Moonlighting Rating Rule	MLT-CW; 01/01/08 edt	New	dds occ moonlighting rating rule.pdf
Filed	Dentists Occurrence Moonlighting Rating Rule	MLT-CW; 01/01/08 edt	New	dds occ moonlighting rating rule.pdf

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DENTISTS
STANDARD CLAIMS MADE PROGRAM
AGGREGATE CREDIT RULE

~~THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS~~
RATING MANUAL SHALL NOT EXCEED 50% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF
ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, MEMBERSHIP
ASSOCIATION, MOONLIGHTING OR DEDUCTIBLE CREDITS.

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DENTISTS

OCCURRENCE PROGRAM

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DENTISTS

OCCURRENCE PROGRAM

BOTULINUM TOXIN AND DERMAL FILLERS RATING

RULE

THE FOLLOWING DEBIT STRUCTURE SHALL APPLY IN ADDITION TO THE EXISTING FILED RATE IN RECOGNITION OF THE UNIQUE RISK CHARACTERISTICS OF DENTISTS, OR GROUPS OF DENTISTS, WHO ADMINISTER BOTULINUM TOXIN AND DERMAL FILLERS.

DEBIT A	DEBIT B	DEBIT C
57%	46%	29%

DEBIT A: GENERAL DENTISTS, ORTHODONTISTS, PEDIATRIC DENTISTS, PERIODONTISTS, PROSTHODONTISTS, ENDODONTISTS, OR HOST DENTISTS UNLESS CLASSIFIED UNDER DEBIT B & C.

DEBIT B: ANY DENTISTS PERFORMING MINOR SURGICAL PROCEDURES OR IMPLANTS AND ORAL PATHOLOGISTS.

DEBIT C: ANY DENTIST PERFORMING MAJOR SURGICAL PROCEDURES.

APPROVAL FOR PARTICIPATION IN THIS RATING RULE IS SUBJECT TO UNDERWRITING GUIDELINES.

The
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DENTISTS

STANDARD CLAIMS MADE PROGRAM

BOTULINUM TOXIN AND DERMAL FILLERS RATING

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DENTISTS

OCCURRENCE PROGRAM

DENTAL BOARD EXAMINATION RULE

COVERAGE IS AVAILABLE TO DENTAL STUDENTS, ON A SHORT-TERM BASIS, FOR SERVICES RENDERED BY THE STUDENT DURING A DENTAL EXTERNSHIP PRIOR TO GRADUATION AND/OR DURING THE DENTAL BOARD EXAM PURSUANT TO THE STUDENT'S PROFESSIONAL LICENSING.

THE COVERAGE WILL BE PROVIDED ON A \$1,000,000 PER OCCURRENCE AND \$3,000,000 ANNUAL AGGREGATE LIMITS BASIS FOR NO ADDITIONAL CHARGE, AND IS NOT SUBJECT TO THE MINIMUM PREMIUM RULE. COVERAGE WILL ONLY BE AVAILABLE TO DENTAL STUDENTS WHO MEET THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

DENTISTS
OCCURRENCE PROGRAM
DENTAL FACILITY CLASSIFICATION PLAN

A 60% DEBIT SHALL APPLY IN ADDITION TO THE EXISTING FILED RATE FOR INSURED, OR GROUPS OF INSURED, WHO PRACTICE IN OR WITH DENTAL FACILITIES AS SUCH NON-STANDARD DENTAL PRACTICES ARE NOT CONTEMPLATED IN THE FILED RATE STRUCTURE.

PLACEMENT INTO THE DENTAL FACILITY CLASSIFICATION PLAN WILL BE DETERMINED BY THE COMPANY'S UNDERWRITING RULES AND GUIDELINES.

The
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DENTISTS
STANDARD CLAIMS MADE PROGRAM
DENTAL FACILITY CLASSIFICATION PLAN

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PLACEMENT INTO THE DENTAL FACILITY CLASSIFICATION PLAN WILL BE DETERMINED BY THE COMPANY'S UNDERWRITING RULES AND GUIDELINES.

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DENTISTS

STANDARD CLAIMS MADE PROGRAM

MEMBERSHIP ASSOCIATION CREDIT RULE

THE UNIQUE CHARACTERISTICS OF A DENTAL PRACTICE AND THEIR MEMBERSHIP IN QUALIFIED PROFESSIONAL ASSOCIATIONS SHALL MAKE THEM ELIGIBLE FOR A PREMIUM MODIFICATION IN ADDITION TO THOSE AVAILABLE TO OTHER INSURED.

A PREMIUM CREDIT OF UP TO 25% SHALL BE GIVEN TO THOSE INSURED WHOSE GROUP IS A MEMBER OF A QUALIFIED ASSOCIATION AS DETERMINED BY THE COMPANY'S UNDERWRITING GUIDELINES.

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DENTISTS
OCCURRENCE PROGRAM
MEMBERSHIP ASSOCIATION CREDIT RULE

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DENTISTS

OCCURRENCE PROGRAM

MOONLIGHTING RATING RULE

COVERAGE IS AVAILABLE FOR INSURED'S PRACTICING PART TIME WHILE IN A RESIDENCY OR FELLOWSHIP PROGRAM CONDUCTED THRU ANY DENTAL SCHOOL OR HOSPITAL.

A CREDIT OF 75% WILL APPLY TO THE INSURED'S PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY WITH THIS RULE.

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DENTISTS

OCCURRENCE PROGRAM

MOONLIGHTING RATING RULE

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	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Dentists</i>		
<i>Project Name/Number:</i>	<i>DDS Botox Rule Filing/08-Botox-02</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	10/29/2008
Comments:	attached			
Attachment:	transmittal.pdf			
Satisfied -Name:	NAIC Loss Cost Filing Forms (all P&C lines)	Review Status:	Filed	10/29/2008
Comments:	n/a			
Satisfied -Name:	NAIC loss cost data entry document	Review Status:	Filed	10/29/2008
Comments:	n/a			
Satisfied -Name:	Form PROMAL	Review Status:	Filed	10/29/2008
Comments:	n/a			
Satisfied -Name:	Form PRONOT	Review Status:	Filed	10/29/2008
Comments:	n/a			

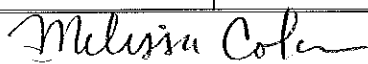
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3.	Group Name				Group NAIC #
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	The Medical Protective Company	IN	11843	35-0506406	

5.	Company Tracking Number	08-Botox-02
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Melissa Coker 5814 Reed Rd, Fort Wayne, Indiana, 46835	Paralegal	260-486-0838	260-486-0733	Melissa.millican@med pro.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Melissa Coker, Paralegal		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	11.0 Med Mal			
10.	Sub-Type of Insurance (Sub-TOI)	11.0030 Dentists			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)	Dentists Program			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:	01/01/2009	Renewal:	01/01/2009
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)	n/a			
17.	Reference Organization # & Title	n/a			
18.	Company's Date of Filing	n/a			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-Botox-02
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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RULE FILING

RULES:

The reason for the filing is to revise and introduce new rating rules specific to our Dental Program which have no substantive rate impact.

- * The Aggregate Credit rule is being revised to state that the Moonlighting Rating Rule and New to Company rating rule do not apply to the aggregate capping.

- * Botulinum Toxin and Dermal Fillers Rating Rule is being introduced to contemplate the change in risk exposure of dentists which perform botox procedures.

- * The Dental Board Exam Rule is being revised to remove the \$25 charge for the coverage.

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- * New to Company Credit is being revised (in some states) and introduced in some states to contemplate the reduced expenses of the business writing a new insured.

~~* Moonlighting Credit is being added to provide a credit to those insureds which are working part - time while in their residency or fellowship program.~~

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-Botox-02
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	08-Botox-01

☐ Rate Increase ☐ Rate Decrease x Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		Prior approval					
4a.	Rate Change by Company (As Proposed)							
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
	The Medical Protective Company	0	0	0	728	1,034,949	0	0
4b.	Rate Change by Company (As Accepted) For State Use Only							
	Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	-2.0%
7.	Effective Date of last rate revision	01/01/2007
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	1. Membership Association Credit Rule (MAC-CW; 07/01/08 edt) 2. Dental Board Examinatin Rule (DBE; 01/01/08 edt)	[] New [x] Replacement [] Withdrawn	
02	1. Botulinum Toxin and Dermal Fillers Rating Rule (BRR-CW; 07/01/08 edt)	[x] New [] Replacement [] Withdrawn	

	2. Aggregate Credit Rule (ACR-CW; 03/01/05 edt) 3. Dental Facility Classification Plan (FSD-CW;01/01/08 edt) 4. Moonlighting Rating Rule (MLT-CW; 01/01/08 edt)		
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

PC RRFS-1

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